

Refugee Health Screening Provider Resource Guide

Refugee Health Program



UTAH DEPARTMENT OF
HEALTH

December 2016

Refugee Health Screening Provider Resource Guide

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- 1- Utah Summary Check for Domestic Medical Examination for Newly Arrived Refugees
- 2- Refugee Referral/Lab Results Notification for Reportable Conditions Form
- 3- Refugee Health Screening Form
- 4- Class B1/B2 Coordination
- 5- Positive Quantiferon Protocol
- 6- Medication/Vaccine Order Form
- 7- Monthly Medication/Vaccination Log

Refugee Health Screening Provider Resource Guide

Introduction

The first interaction that refugees have with the health care system in the United States begins with the Refugee Health Screening. The Refugee Act of 1980 entitles each newly arriving refugee to a complete health screening exam within the first 30 days after arriving in the United States. The purpose of the domestic screening is to “reduce the spread of infectious disease, ensure ailments are identified and treated, promote preventive health practices, and to ensure good health practices facilitate successful integration and self-sufficiency.”¹

The goals and objectives of the Utah Refugee Health Program are as follows:

- 1). The Program will collaborate with resettlement agencies to ensure that at least 90% of newly arriving refugees complete a health screening within 30 days of arrival.
- 2). The Program will monitor health screening results to ensure that 95% of individuals screened and identified with reportable conditions are referred for follow up care and/or treatment within 30 days of receiving a report of the condition.
- 3). The Program will monitor health screening results to ensure that 95% of individuals screened establish a medical home within 30 days of completing the screening.
- 4). The Program will monitor resettlement agencies to ensure that 80% of individuals screened establish care with their health screening provider.
- 5). The Program will work with resettlement agencies to ensure that 90% of individuals referred for a TB-related chest x-ray obtain the x-ray within 30 days of receiving chest x-ray order.
- 6). The Program will coordinate with resettlement agencies and mental health providers to ensure that 90% of clients referred for mental health services complete an intake within the timeframe recommended by the screening physicians.

¹ <http://www.acf.hhs.gov/programs/orr/programs/preventive-health>

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Overseas Medical Report and Conditions

The Refugee Overseas Medical Examination is conducted prior to departure for the United States in order to detect diseases that would preclude admission to the United States and to prevent the importation of diseases of public health importance². Physicians from the International Organization for Migration (IOM) or a local panel of physicians approved by the CDC, perform the examination using locally available facilities and document findings on the appropriate forms (Appendix A). The examination includes³:

- a) Medical history and physical examination.
- b) Tuberculosis (TB) Screening: a complete screening for TB includes a medical history, physical examination, chest x-ray, determination of immune response to *Mycobacterium tuberculosis* (i.e., tuberculin skin testing [TST] or interferon gamma release assay [IGRA], when required and sputum testing, when required.
 - a. Applicants ≥ 15 years of age require a medical history, physical examination and CXR.
 - b. Applicants 2-14 of age living in countries with World Health Organization estimated TB incidence rates of ≥ 20 cases per 100,000 should have a TST or IGRA.
- c) Chest x-ray for age ≥ 15 years (for South Asian refugees, the age is ≥ 2 years). Sputum smear for acid-fast bacilli, if the chest x-ray is suggestive of clinically active tuberculosis disease (ATBD).
- d) Serologic test for syphilis for age ≥ 15 years. Persons with positive results are required to undergo treatment prior to departure for the United States.; physical exam for evidence of other STDs. As of Jan 4, 2010, HIV testing is no longer required as HIV does not preclude admission.
- e) Physical exam for signs of Hansen's disease. Refugees with laboratory-confirmed Hansen's disease are placed on treatment for six months before they are eligible for travel to the U.S. Generally, treatment must be continued in the United States.
- f) A determination regarding whether or not a refugee has a mental disorder. Physicians rely on a medical history provided by the patient and his/her relatives and any documentation such as medical and hospitalization records.
- g) Vaccinations that are age-appropriate and protect against a disease that has the potential to cause an outbreak or protect against a disease that has been eliminated in the United States. or in the process of being eliminated.

Departure of refugees with communicable diseases that preclude entry into the United States (e.g., syphilis, gonorrhea or Hansen's disease) may be delayed until appropriate treatment is initiated and the individual is no longer infectious. Based on the examination, an individual's medical status is assigned a classification. These classifications include:

² <http://www.cdc.gov/immigrantrefugeehealth/exams/medical-examination-faqs.html>

³ <http://www.cdc.gov/immigrantrefugeehealth/exams/ti/panel/technical-instructions-panel-physicians.html>

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- **Class A:** Conditions prevent a refugee from entering the United States; they include communicable diseases of public health significance, mental illnesses associated with violent behavior and/or drug addiction. Class A conditions require approved waivers for entry and immediate follow up upon arrival. Examples of Class A conditions are:
 - Chancroid, gonorrhea, granuloma inguinale, lymphogranuloma venereum and syphilis
 - TB: active and infectious
 - Hansen's disease (leprosy)
 - Mental illness with association harmful behavior
 - Substance abuse
- **Class B:** Physical or mental abnormalities, diseases or disabilities of significant nature; require follow up soon after arrival.
 - TB: active, not infectious; extrapulmonary; old or healed TB; contact to an infectious case-patient; positive tuberculin skin test (TST)
 - Hansen's disease, not infectious
 - Other significant physical disease, defect or disability
- **Class B TB-** (see page 20)
 - Class B1 TB, Pulmonary
 - Class B1 TB, Extra pulmonary
 - Class B2 TB, LTBI Evaluation

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Utah Domestic Refugee Health Screening

The Program works closely with various clinics to provide a comprehensive Refugee Health Screening. Resettlement agencies, RIC-AAU, CCS and IRC, are responsible for scheduling the screening appointment, arranging transportation and interpretation and ensuring each newly arrived refugee successfully completes the screening within 30 days of arrival to Utah. The Utah Refugee Health Screening adheres to the CDC guidelines:

<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/domestic-guidelines.html> along with Utah specific standards (Attachment 1).

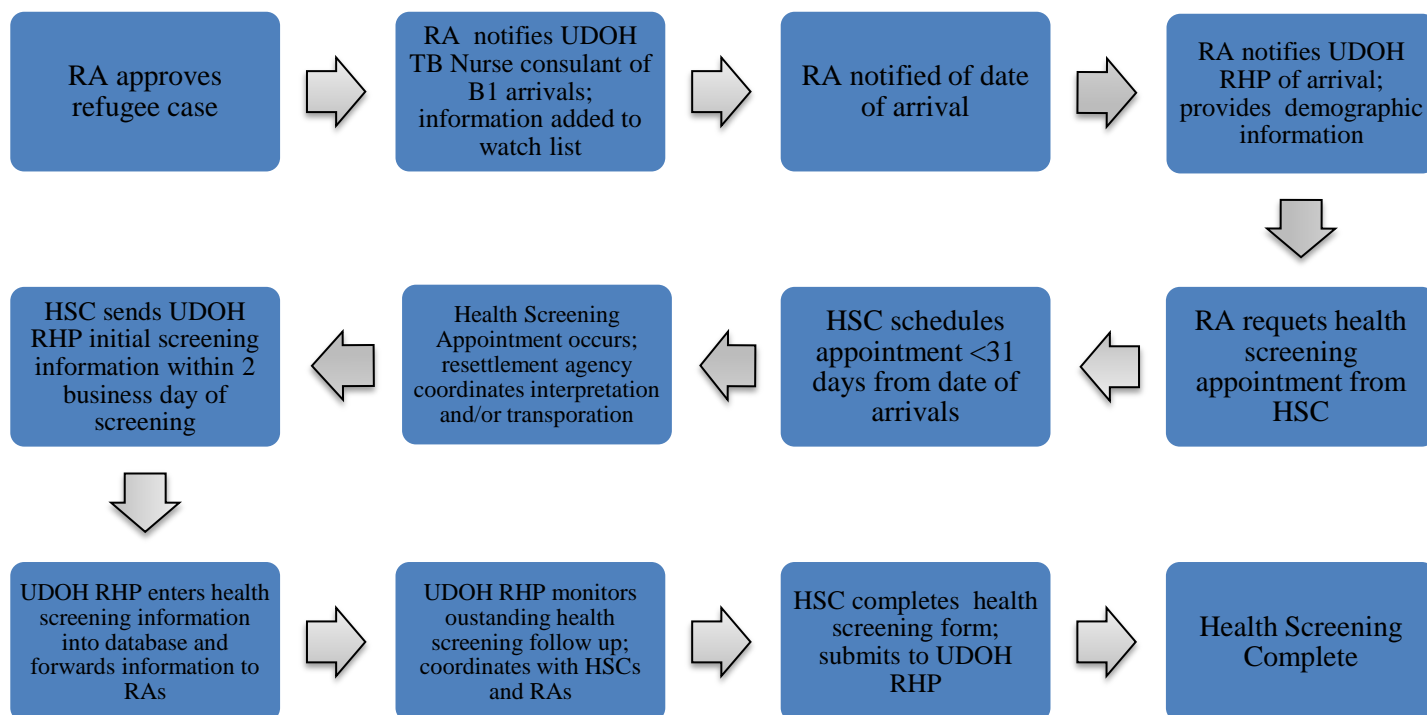
Utah Domestic Refugee Health Screening Coordination

Acronyms:

RA: Resettlement Agency

HSCs: Health Screening Clinics (Health Clinic of Utah, Sacred Circle, St. Marks, and Midtown)

UDOH RHP: Utah Department of Health Refugee Health Program



Refugee Health Screening Provider Resource Guide

Scheduling and Coordination with Resettlement Agencies

- **Guidelines**

1. Resettlement agency will schedule health screening appointment.
2. Clinic and resettlement agency will ensure that the health screening is scheduled and takes place within first 30 days in Utah.
3. Priority is given to individuals with B1 and B2 TB status; should be seen for health screening within 2 weeks of arrival to Utah.
4. Resettlement agency will coordinate the following for the appointment:
 - a. Interpreter (if needed)
 - i. If unable to provide, resettlement agency will request that the clinic provide an interpreter
 - b. Transportation (if needed)
 - c. Copy of the Overseas Medical Report, including immunization record (if available)
 - i. These records can also be accessed directly by the clinic with EDN.
 - d. Health Screening Form with demographic section completed

- **Reporting**

1. Reportable conditions should be reported using the **REFUGEE REFERRAL/LAB RESULTS NOTIFICATION FOR REPORTABLE CONDITIONS FORM** (Attachment 2)

- **Coordination/Follow Up**

1. Completed Health Screening Form following the initial health screening appointment is to be faxed or scanned/email (secure email) to:
 - **UDOH/Refugee Health Program**
Fax# (801)237-0770
Email rhprogram@utah.gov
2. Please communicate any urgent follow up needs directly to the appropriate resettlement agencies.

- **Resources**

1. Refugee Referral/Lab Results Notification for Reportable Conditions Form (Attachment 2)
2. Utah Refugee Health Screening Form (Attachment 3)
3. CDC Domestic Health Screening Guidelines:
<http://www.cdc.gov/immigrantrefugeehealth/guidelines/general-guidelines.html>
<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/guidelines-history-physical.html>
<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/checklist.html>

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General Tests

- **Testing Recommendations**

1. **Complete Blood Count with Red Blood Cell Indices, White Blood Cell Differential, and Platelet Count** for all newly arrived refugees of all ages and ethnicities.
2. **Urinalysis**-there is no evidence that routine urinalysis is a cost-effective screening examination. It may be considered in newly arrived refugees of all ages and ethnicities who are developmentally mature enough to provide a clean-catch urine specimen. A bag specimen may be checked for younger children, if clinically indicated, with confirmation of positive findings by catheterization. This recommendation is more conservative than the current American Academy of Pediatric guidelines for children residing in the United States, because of the higher prevalence of specific conditions that may be detected in refugee children (e.g., *Schistosoma haematobium*).
3. **Newborn Screening**- there is no evidence that newborn screening is beneficial in refugee infants or children. However, if a newborn refugee infant is seen for refugee medical screening, a newborn screening panel should be performed.
4. **Cardiovascular and lipid disorders**- screen in accordance with the US Preventive Services Task Force (USPSTF) guidelines. Although blood pressure and nonfasting serum lipid testing can be performed at the new-arrival medical screening examination, other screening tests recommended by the USPSTF may not be conducted at this visit but should be done in a reasonable time frame after arrival. Adults found to have hyperlipidemia or hypertension should be formally screened for diabetes with a fasting blood glucose measurement, in accordance with USPSTF guidelines, and should be referred for long-term management.
5. **Cancer Screening**- refugees, as with all U.S. populations, should receive preventive screening according to USPSTF Cancer Screening Guidelines. The new-arrival medical screening examination may not be the ideal time to perform invasive medical screening examinations (e.g., pelvic examinations), since many refugees have experienced sexual assault or other traumatic events. However, if an appropriate environment can be created, trust can be established, cultural norms respected, and the risk of additional trauma to the refugee minimized, the visit does present a possible opportunity to provide more invasive cancer screening.
6. **Pregnancy**- conduct urine pregnancy test on all refugee females ages 13-50.

Please refer to <http://www.cdc.gov/immigrantrefugeehealth/guidelines/general-guidelines.html#tbl1> for more specifics on general testing.

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Tuberculosis

- **Guidelines (Testing)**

1. All refugees **MUST** be screened for Tuberculosis
2. A quantiferon (QFT) is the preferred method of testing and should be used with refugees ≥ 6 years
3. Children ≤ 5 years should have a TST placed
 - a. Do not place a TST on Thursdays (must be read 48 – 72 hours)
4. Refugees identified as Class B1 or B2 are given priority; for testing please follow the guidelines outlined in the Class B1-B2 Protocols (Attachment 4)
5. An indeterminate QFT result should be repeated. If the second QFT result is indeterminate, place a TST.
 - a. If vaccines containing live virus have been given, wait at least 4 weeks to repeat any TB testing.

- **Reporting**

1. Report positive and indeterminate QFT results using the **REFUGEE REFERRAL/LAB RESULTS NOTIFICATION FOR REPORTABLE CONDITIONS FORM** to UDOH/Refugee Health Program (Fax# (801)237-0770 or Email rhprogram@utah.gov)
2. Provide the Chest X-ray (CXR) order form and lab results with the report of a positive QFT or TST.

- **Coordination/Follow Up**

1. UDOH will work with the resettlement agency to ensure the CXR is completed in a timely fashion.
2. Once the CXR is complete; the results will be sent to the physician/clinic listed on the order form.
3. Upon receiving the CXR results, the screening clinic submits the **REFUGEE REFERRAL/LAB RESULTS NOTIFICATION FOR REPORTABLE CONDITIONS FORM**, attaching the CXR results, to UDOH/Refugee Health Program (Fax# (801)237-0770 or Email rhprogram@utah.gov).

- **Resources**

1. Refugee Referral/Lab Results Notification for Reportable Conditions Form (Attachment 2)
2. Class B1-B2 Protocols (Attachment 4)
3. Positive Quantiferon Protocol (Attachment 5)
4. CDC Domestic Health Screening Guidelines:
<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/tuberculosis-guidelines.html>

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Utah Refugee Health Screening: TB Coordination

Acronyms:

SLCoHD: Salt Lake County Health Department

RA: Resettlement Agency

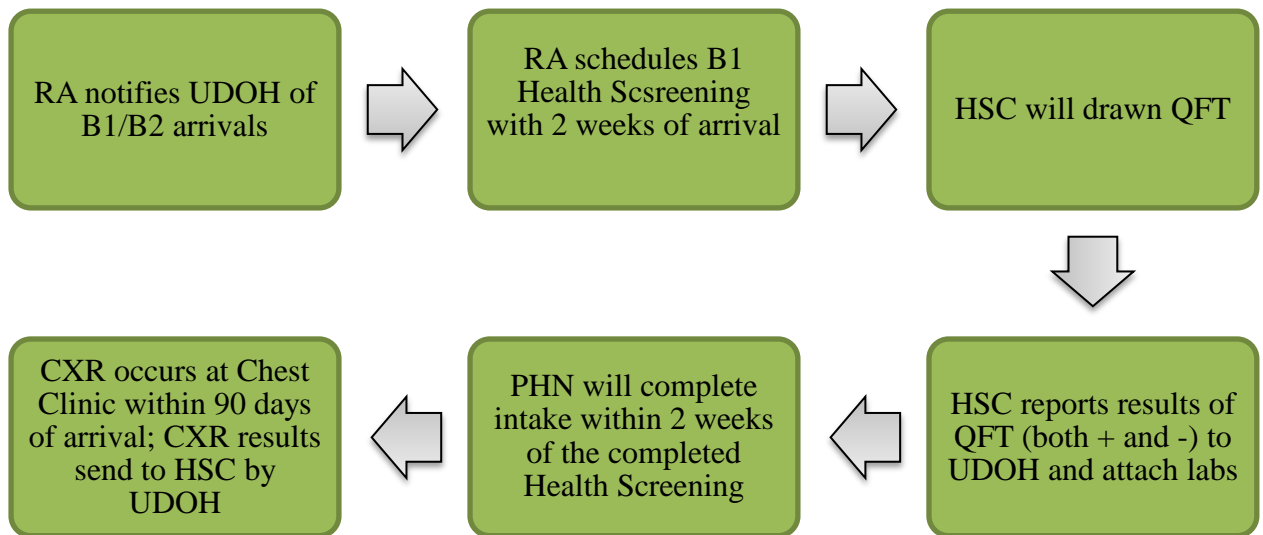
HSCs: Health Screening Clinics (Health Clinic of Utah, Sacred Circle, St. Marks, and Midtown)

PHN: Public Health Nurse

UDOH: Utah Department of Health

QFT: Quantiferon Test

CXR: Chest x-ray



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HIV

- **Guidelines (Testing)**
 1. All refugees ≥ 15 years should receive a HIV test as part of the health screening.
 2. Refugees ≤ 14 years may be tested if risk factors exist.
- **Reporting**
 1. Report positive HIV test using the **REFUGEE REFERRAL/LAB RESULTS NOTIFICATION FOR REPORTABLE CONDITIONS FORM**.
- **Coordination/Follow Up**
 1. UDOH will work with the resettlement agency to ensure appropriate referrals are made for treatment and care (adults are referred to Clinic 1A, while children are referred to Clinic 6, both at the University of Utah Hospital).
 2. Clinic 1A and/or Clinic 6 will serve as the patient's Primary Care Provider.
- **Resources**
 1. Refugee Referral/Lab Results Notification for Reportable Conditions Form (Attachment 2)
 2. CDC Domestic Health Screening Guidelines:
<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/screening-hiv-infection-domestic.html>

As of January 4, 2010, refugees are no longer required to be tested for HIV infection prior to arrival in the United States. However, there is the possibility that a refugee was tested and that his/her HIV+ status is known prior to arriving in the U.S. In these circumstances the resettlement agency, if aware of the positive status, will schedule the refugee either at Clinic 1A or Clinic 6 for his/her health screening.

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Syphilis and other STDs

- **Guidelines (Testing)**

1. Syphilis: Venereal Disease Research Laboratory (VDRL) or rapid plasma reagin (RPR) or equivalent test.
 - All persons ≥ 15 years of age, regardless of the overseas results.
 - Children < 15 years of age who meet one or more of the following criteria:
 - Sexually active or history of sexual assault.
 - All children who are at risk (i.e., mother who tests positive for syphilis) should be evaluated according to current guidelines.
 - All refugees from countries that are endemic for treponemal subspecies (e.g., yaws, bejel, pinta).
 - Confirmatory testing [i.e., fluorescent treponemal antibody (FTA), treponema pallidum particle agglutination assay (TPPA), or enzyme-linked immunosorbent assay (EIA)] should be performed on all refugees who test positive by VDRL or RPR. Further evaluation, including evaluation for neurosyphilis, and treatment should be instituted according to current guidelines, found at www.cdc.gov/std/treatment/.
2. Chlamydia: Nucleic acid amplification tests
 - Females ≤ 25 years old who are sexually active or those with risk factors (e.g., new sexual partner or multiple sexual partners).
 - Consider for children who have a history of sexual assault. However, management and evaluation of such children require consultation with an expert.
 - Persons with symptoms or leukoesterase (LE) detected in urine sample

With the exception of the routine testing for syphilis and chlamydia testing (see above guidelines) no data support the utility of routine testing for other non-HIV STIs in refugees. Testing for other STDs may be completed at the discretion of the screening physician.

- **Reporting**

1. Report positive RPR test using the Refugee Referral/Lab Results Notification for Reportable Conditions Form. (Attachment 2)

- **Coordination/Follow Up**

1. As of February 4, 2014 the diagnosing physician assumes responsibility for treatment.
2. UDOH will provide bicillin.

- **Resources**

1. Refugee Referral/Lab Results Notification for Reportable Conditions Form (Attachment 2)
2. CDC Domestic Health Screening Guidelines:
<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/sexually-transmitted-diseases.html>

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Blood Lead Level

- **Guidelines (Testing)**

1. Test performed on children ≤ 10 years

- **Reporting**

1. Report elevated blood lead results ≥ 10 ug/dL using the **REFUGEE REFERRAL/LAB RESULTS NOTIFICATION FOR REPORTABLE CONDITIONS FORM**.

- **Coordination/Follow Up**

1. UDOH will work with the resettlement agency to ensure the patient is referred to SL County Health Department for treatment and education.

- **Resources**

1. Refugee Referral/Lab Results Notification for Reportable Conditions Form (Attachment 2)
2. CDC Domestic Health Screening Guidelines:
<http://www.cdc.gov/immigrantrefugeehealth/guidelines/lead-guidelines.html>

Refugee Health Screening Provider Resource Guide

Hepatitis B

- **Guidelines (Testing)**
 1. Screen all refugees for hepatitis B surface antigen (HBsAg) **AND**
 2. Vaccinate all refugees for hepatitis B as indicated.
- **Reporting**
 1. Report positive Hep B result using the Refugee Referral/Lab Results Notification for Reportable Conditions Form. (Attachment 2)
- **Coordination/Follow Up**
 1. UDOH will work with the resettlement agency to ensure the patient is referred to SL County Health Department for treatment and education.
- **Resources**
 1. Refugee Referral/Lab Results Notification for Reportable Conditions Form (Attachment 2)
 2. MMWR Immunization Management Issues: Hepatitis B
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5516a2.htm>
 3. World Health Organization: Hepatitis B Fact sheet
<http://www.who.int/mediacentre/factsheets/fs204/en/>
 4. Minnesota Refugee Health Screening Guidelines: Hepatitis B
<http://www.health.state.mn.us/divs/idepc/refugee/hcp/index.html>
 5. CDC Domestic Health Screening Guidelines: Hepatitis screening
<http://www.cdc.gov/immigrantrefugeehealth/pdf/domestic-hepatitis-screening-guidelines.pdf>
 6. CDC Hepatitis B
<http://wwwnc.cdc.gov/travel/yellowbook/2014/chapter-3-infectious-diseases-related-to-travel/hepatitis-b>
 7. CDC Domestic Health Screening Guidelines: Immunizations
<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/immunizations-guidelines.html>
- **Additional reading**
 1. Tafuri S, Prato R, Martinelli D, et al. Prevalence of Hepatitis B, C, HIV and syphilis markers among refugees in Bari, Italy. BMC Infectious Diseases 2010;10:213.
 2. Caruna SR, Kelly HA, De Silva SL, et. al. Knowledge about hepatitis and previous exposure to hepatitis viruses in immigrants and refugees from the Mekong Region. Aust N Z J Public Health 2005;29(1):64-8.
 3. Mixson-Hayden T, Lee D, Ganova-Raeva L, et al. Hepatitis B and C prevalence in select United States-bound Asian and African refugees, 2002-2007. Pending publication.
 4. Greenaway C, Wong DKH, Assayag D, et al. Screening for hepatitis C infection: evidence review for arriving immigrants and refugees. Appendix 7. Guidelines for Immigrant Health. Canadian Medical Association Journal. 2010 0:maj.090313v1; doi:10.1503/cmaj.090313.

Refugee Health Screening Provider Resource Guide

Hepatitis C

- **Guidelines (Testing)**

1. Screening is based on risk factors or for those individuals born between the years of 1945-1965.

- **Reporting**

1. Report positive Hep C result using the Refugee Referral/Lab Results Notification for Reportable Conditions Form. (Attachment 2)

- **Coordination/Follow Up**

1. UDOH will work with the resettlement agency to ensure the patient is referred to SL County Health Department for treatment and education.

- **Resources**

1. Refugee Referral/Lab Results Notification for Reportable Conditions Form (Attachment 2)
2. CDC Domestic Health Screening Guidelines:
<http://www.cdc.gov/immigrantrefugeehealth/pdf/domestic-hepatitis-screening-guidelines.pdf>
3. CDC 2015 STD Treatment Guidelines
<http://www.cdc.gov/std/tg2015/default.htm>
4. CDC Hepatitis C
<http://www.cdc.gov/hepatitis/hcv/index.htm>
5. Refugee Health Technical Assistance Center
<http://refugeehealthta.org/chronic-hepatitis-infection/>
6. World Health Organization: Guidelines for the screening, care and treatment of persons with hepatitis C infection
<http://www.who.int/hepatitis/publications/hepatitis-c-guidelines/en/>
7. CDC Hepatitis C Testing Recommendations
<http://www.cdc.gov/hepatitis/hcv/guidelinesc.htm>
8. AASLD: HCV Guidelines
<http://www.hcvguidelines.org/>

- **Additional Reading**

Suraj Sharma, Manuel Carballo, Jordan J. Feld, Harry L.A. Janssen, Journal of Hepatology, Volume 63, Issue 2, August 2015, Pages 515-522 “Immigration and viral hepatitis” <http://www.sciencedirect.com/science/article/pii/S0168827815003207>

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B12 and Nutrition

- **Guidelines (Testing)**
 1. Utah follows the recommendations outlined in the MMWR (referenced below); specifically all Bhutanese should be tested for B12 deficiency as should other refugees with clinical manifestations that suggest B12 deficiency.
- **Reporting**
 1. Complete the appropriate section of the Health Screening Form.
 - a. B12
 - i. Report if tested (yes/no)
 - ii. Report results
 - b. Nutrition findings are reported under “Other Health Conditions.”
- **Coordination/Follow Up**
 1. Results are communicated to the resettlement agency who will coordinate follow up assessment and/or treatment, if needed, with the PCP.
 2. Resettlement agencies assist eligible refugees in accessing WIC services.
 3. Resettlement agencies may also provide nutrition education.
- **Resources**
 1. MMWR: Vitamin B12 Deficiency in Resettled Bhutanese Refugees:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6011a4.htm>
 2. CDC Domestic Health Screening Guidelines:
<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/nutrition-growth.html>

Refugee Health Screening Provider Resource Guide

Intestinal Parasites

- **Guidelines (Testing)**

1. Utah follows the CDC guidelines. Pages 5-9 of the CDC Domestic Health Screening Guidelines-Intestinal Parasites (link below) provide specific information addressing the management of parasitic infections by refugee population.
2. Per CDC, providers can assume that refugees from certain countries are receiving presumptive anti-parasitic treatment pre-departure even without overseas documentation (CDC letter issued January 15, 2014).

Please refer to the CDC Treatment Schedule for Presumptive Parasitic Infections for a list of refugee population receiving presumptive treatment:

<http://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/interventions/interventions.html>

Refugees with certain conditions are excluded from presumptive treatment; a list of these conditions can be found by accessing the following link:

<http://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/intestinal-parasites-overseas.html#precautions>

- **Reporting**

1. Report giardia and other parasitic infections using the Refugee Referral/Lab Results Notification for Reportable Conditions Form. (Attachment 2) (Only giardia needs to be reported to Salt Lake County Health Department)

- **Coordination/Follow Up**

1. The resettlement agency, screening provider and SL County Health Department (when required) will coordinate follow up treatment as indicated.

- **Resources**

1. Refugee Referral/Lab Results Notification for Reportable Conditions Form (Attachment 2)
2. 2014 Overseas Treatment Schedule
<http://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/interventions/interventions.html>
3. CDC Domestic Health Screening Guidelines-Intestinal Parasites:
<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/intestinal-parasites-domestic.html>
<http://www.cdc.gov/immigrantrefugeehealth/pdf/intestinal-parasites-domestic.pdf>

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Immunizations

- **Guidelines**

1. If available, review immunization history.
2. Children: provide immunizations according to the CDC schedule; ensure that school aged children receive the necessary immunizations to enroll in school.
3. Adults: provide immunizations according to the CDC schedule; ensure that patient is on track to meet the green card requirements.

- **Reporting**

1. Document all immunizations on Health Screening Form.
 - a. *If immunizations not given, document reason on Health Screening Form.*
2. Document all immunizations on yellow immunization card; provide client(s) with copy.

- **Coordination/Follow Up**

1. Communicate directly with resettlement agency if, for whatever reason, client was unable to receive required immunizations.

- **Resources**

1. CDC Aid to Translating Foreign Immunization Records
<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/foreign-products-tables.pdf>
2. CDC Evaluating Vaccine Records:
<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/immunizations-guidelines.html#Evaluating-Vaccine-Records>
3. CDC Current Presumptive Immunization Schedules:
<http://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/interventions/presumptive-immunizations.html>
4. CDC Vaccine Schedules:
<http://www.cdc.gov/vaccines/schedules/index.html>
5. Current Vaccination Criteria for U.S. Immigration
<http://www.cdc.gov/immigrantrefugeehealth/pdf/revised-fact-sheet-fed-reg-notice-vaccination-immigration.pdf>
6. Immunize.org Terms in Multiple Languages
<http://www.immunize.org/catg.d/p5122.pdf6>
7. Utah School and Early Childhood Immunization Requirements
http://www.immunize-utah.org/school%20and%20childcare%20requirements/school_childcare_print_materials.html

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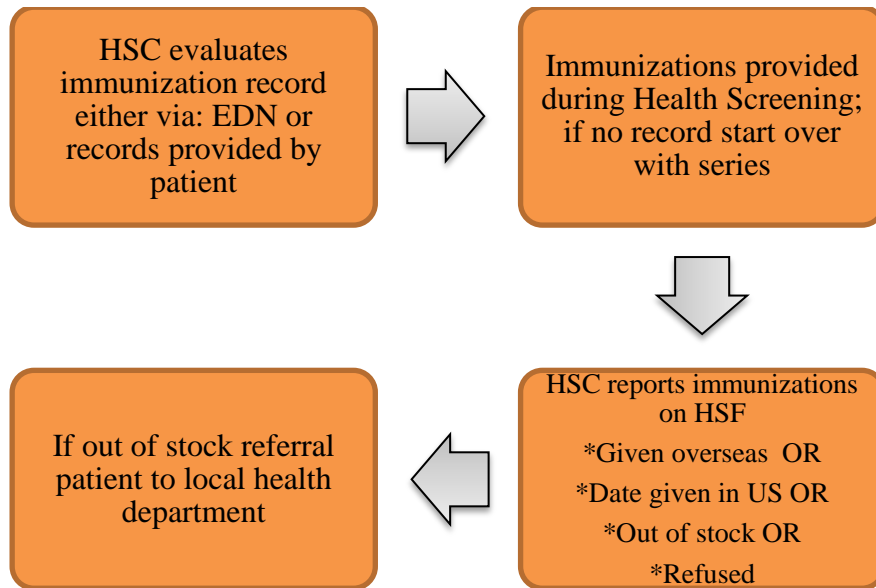
Utah Refugee Health Screening: Immunizations

Acronyms:

RA: Resettlement Agency

HSCs: Health Screening Clinics (Health Clinic of Utah, Sacred Circle, St. Marks, and Midtown)

UDOH: Utah Department of Health



Refugee Health Screening Provider Resource Guide

Mental Health

- **Guidelines**

1. All refugees ≥ 14 years are screened using the Refugee Health Screener 15 (RHS-15).
2. If appropriate, refugees may also been screened for torture/severe war trauma.

- **Reporting**

1. Screening physician/clinic reports positive mental health screening to UDOH via fax or secure email; the report should include:
 - a. Patient Name
 - b. DOB
 - c. Resettlement Agency Name
 - d. RHS-15 score and brief summary of symptoms
 - e. Recommended timeframe for initial intake
 - f. Mental Health Service Provider Name

- **Coordination/Follow Up**

1. UDOH will work with the resettlement agency to ensure the patient is scheduled for an intake.

- **Resources**

1. Refugee Referral/Lab Results Notification for Reportable Conditions Form (Attachment 2)
2. RHS-15: <http://www.lcsnw.org/pathways/>
3. CDC Domestic Health Screening Guidelines:
<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/mental-health-screening-guidelines.html>

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Utah Refugee Health Screening: Mental Health

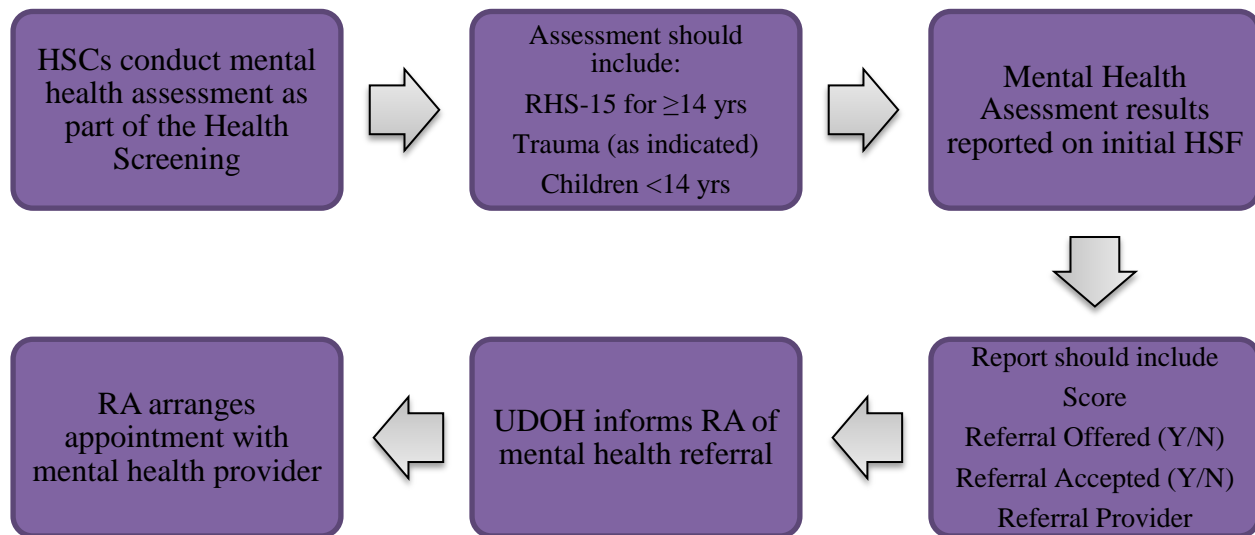
Acronyms:

RA: Resettlement Agency

HSCs: Health Screening Clinics (Health Clinic of Utah, Sacred Circle, St. Marks, and Midtown)

UDOH: Utah Department of Health

RHS-15: Refugee Health Screener-15



Refugee Health Screening Provider Resource Guide

Completing and Submitting the Health Screening Form

Instructions for completing and submitting the Initial Health Screening Results

Health Screening Form Section	Instructions
Demographics	Completed by resettlement agency prior to health screening appointment
Health Assessment Findings	Indicate whether screening occurred; if yes and appropriate include date of screening
Immunizations	Record all immunizations administered during health screening
Other Health Conditions	Please check category AND specific findings
Comments	Note additional findings and/or follow up needs
Signature	Screening physician to sign

Submit to Refugee Health Program via fax (801-237-0770) or a secure email (rhprogram@utah.gov) within 2 business days of completing the health screening

Instructions for completing and submitting the Final Health Screening Results

Health Screening Form Section	Instructions
Demographics	Completed with initial results
Health Assessment Findings	Enter final lab results
Immunizations	Completed with initial results
Other Health Conditions	Enter additional information as needed
Comments	Enter additional information as needed
Signature	Screening physician to sign
UDOH staff will pick up completed final health screening forms on a weekly basis.	

Refugee Health Screening Provider Resource Guide

Referring to Primary Care

In order to promote continuity of care it is strongly encouraged that the Health Screening Provider continues to serve as the primary care physician (PCP). However, there may be circumstances where this is not feasible; in these situations please follow the steps below for referring to primary care.

1. Follow up health needs are to be noted on the Health Screening Form regardless of whether or not the Health Screening Provider continues as the PCP.
2. Resettlement agency schedules an establish care appointment with PCP; reports name of provider to UDOH.
3. Resettlement agency coordinates with Health Screening Provider/Clinic to ensure health screening results are shared with PCP.

Refugee Health Screening Provider Resource Guide

Ordering Vaccines and Medication

- **Guidelines**

UDOH will provide, as requested, the following vaccines and medications:

- Albendazole/Albenza - Parasites
- Ivermectin/Stromectol - Strongyloides
- Malarone - Malaria
- Biltricide/Praziquantel - Schistosomiasis
- Tinidazole/Tindamax - Giardia
- Bicillin - Syphilis

To order vaccines and/or medications complete the **UDOH/REFUGEE HEALTH PROGRAM MEDICATION/VACCINE ORDER FORM** (Attachment 6) and submit via fax to 801-538-9913. Please allow 2-3 weeks for delivery.

Clinics administering UDOH purchased vaccines and/or medications **must** complete and submit the Monthly Medication/Vaccination Log (Attachment 7).

Refugee Health Screening Provider Resource Guide

Health Screening Payment

Refugee health screenings are billed to Medicaid; however the Program provides payment for: 1) applicable co-pays and 2) provider consultation. In order to receive payment for these services the provider must:

- Sign annual provider agreement
- Submit monthly invoice and supportive documentation using the approved template and format.
 - A completed Health Screening form **must** be received by the UDOH Refugee Health Program before payment is rendered.